



# Massachusetts Department of Public Health Determination of Need Affiliated Parties

Version: DRAFT  
3-15-17

**DRAFT**

Application Date: 03/31/2022

Application Number: 22031614-CL

## Applicant Information

Applicant Name: Royal Nursing Center, LLC

Contact Person: Karen Koprowski Title: Regulatory Advisor

Phone: 7742395885 Ext: E-mail: kkoprowski@strategiccares.com

## Affiliated Parties

### 1.9 Affiliated Parties:

List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

Add/Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
<input type="checkbox"/> <input type="checkbox"/>	Mamary	James	42 Winter Street, Unit 1	Pembroke	MA	Owner	Owner	Partnership	50%	No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Mamary	Mary Catherine	42 Winter Street, Unit 1	Pembroke	MA	Owner	Onr	Partnership	50%	No		Yes
<input type="checkbox"/> <input type="checkbox"/>					MA							
<input type="checkbox"/> <input type="checkbox"/>					MA							

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